MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)	SERIAL NO. 10/519163	FILING DATE
	APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1		51						
2						1	52						
3						1	53						
4						1	54						
5						1	55						
6						1	56						
7						1	57						
8						1	58						
9			8		1		59						
10						1	60						
11							61						
12							62						
13							63						
14						1	64						
15							65						
16						1	66						
17						1	67						
18						1	68						
19						1	69						
20							70						
21							71						
22						1	72						
23							73						
24						1	74						
25						1	75						
26						1	76						
27							77						
28							78						
29							79						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			2		2		TOTAL IND.						
TOTAL DEP.				24		24	TOTAL DEP.						
TOTAL CLAIMS				26		26	TOTAL CLAIMS						

12.23.04

PTO - 1360 (REV. 11/04)